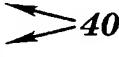
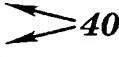


FIG. 2

HOME	PROGRAMS	RESOURCES	ABOUT AUAO	
NEW CASE # <input type="text" value="007"/>				
<p>1</p>	FIRST NAME	POPULATED FROM t_users TABLE		
	MIDDLE NAME	POPULATED FROM t_users TABLE		
	LAST NAME	POPULATED FROM t_users TABLE		
	CAMPUS	POPULATED FROM t_users TABLE		
	(COURSE IS BEING TAKEN)	USER ENTERS DATA		
	2	COURSE DESCRIPTION	USER ENTERS DATA	USER ENTERS DATA
		SUBJECT: (E.G. ENG, MTH, REL, ETC)	COURSE #: (E.G. 1301, 101, 4521)	
	COURSE START DATE	USER ENTERS DATA	COURSE END DATE	USER ENTERS DATA
	INSTRUCTOR	USER ENTERS DATA		
	RISK LEVEL	USER SELECTS DATA FROM DROP DOWN MENU		
<p>3</p>	CASE CATEGORY	USER SELECTS DATA FROM DROP DOWN MENU		
	CASE DETAILS			
	USER ENTERS DATA			
ACTIONS TAKEN				
<p>4</p>	USER ENTERS DATA			
	RECOMMENDATIONS			
USER ENTERS DATA				
<input type="button" value="SUBMIT"/>		<input type="button" value="CANCEL"/>		

FIG. 3

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HOME	PROGRAMS	RESOURCES	ABOUT AUAO
CRM SEARCH RESULTS			
RESOURCES ACES LINKS TUTORIALS TRAINING ELIGIBILITY CHECKLIST ACES INFORMATION ASSET MANAGEMENT IMPORTANT FORMS FAQS RELS DESK CAREER OPTIONS	<p>SEARCH RESULTS FOR ARRON EVERETT SMITH:</p> <p>CUSTOMER TYPE: <input checked="" type="checkbox"/> STUDENT CUSTOMER NAME: AARON EVERETT SMITH SOCIAL SECURITY NUMBER: 445021430 EMAIL: aaron.smith017@earmyu.com MAILING ADDRESS: 1967-C XYZ CIRCLE CITY: WAHLAWA STATE: HAWAII ZIP: 96780 COUNTRY: USA PHONE: 8086240699 INSTALLATION: SCHOFIELD BARRACKS INSTALLATION MAJOR SUB UNIT: SERVICE BRANCH: ARMY ENLISTED CURRENT INSTALLATION: SCHOFIELD BARRACKS BASD: 3/19/96 PERD: 1/8/92 EXPECTED SEPARATION DATE: 2/16/04</p> <p>1</p> <p>32</p>		
	STUDENT STATUS ACTIVE? TRUE	PROSPECTIVE STUDENT - NOT ENROLLED IN AUAO	
	ALTERNATE PHONE 1: 888-645-0877	ALTERNATE PHONE 2: 888-645-0872	
	PROSPECTIVE STUDENT - NO STUDENT AGREEMENT		
	NO STUDENT AGREEMENT UPLOADED		
	RIGHT TRACK DISPLAY		
	12 SEMESTER HOURS PROGRESS: 2		 >40
	AT RISK IN CURRENT COURSE(S): 3		 >40
	HELP DESK CASE SUMMARY		
	CURRENT CASE(S) OPEN:		
	<u>CASE CATEGORY:</u>	<u>CASE NUMBER:</u>	<u>DATE OPENED:</u>
	CLOSED CASES:		
	<u>CASE CATEGORY:</u>	<u>CASE NUMBER:</u>	<u>DATE OPENED:</u>
			<u>DATE CLOSED:</u>

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FIG. 4

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CASE SUMMARY		
DATE/TIME OPENED:	6/17/2002	
OPENED BY:	ED_Partner001	
CASE CATEGORY:	ABSENTEEISM <input checked="" type="checkbox"/>	
CASE DETAILS:	ENTERED BY:	DATE
STUDENT MISSED FIRST WEEK OF CLASS.	ED_Partner001	6/17/2002
STUDENT MISSED MID-TERM	ED_Partner001	7/1/2002
CASE DETAILS:	ENTER NEW CASE DETAILS HERE.	
ACTIONS TAKEN	ENTERED BY	DATE
INSTRUCTOR ATTEMPTED TO CONTACT STUDENT VIA EMAIL	ED_Partner001	6/20/2002
ESCALATED CASE TO LEVEL 3 RISK	ED_Partner001	7/1/2002
ACTIONS TAKEN:	ENTER NEW ACTIONS TAKEN HERE.	
RECOMMENDATIONS:	ENTER NEW RECOMMENDATIONS HERE.	
<input type="button" value="SUBMIT"/> <input type="button" value="CANCEL"/>		

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FIG. 5